

Strategy on the Streets



Improving Los Angeles
Homeless Service
Authority's Outreach
Program



RON  **GALPERIN**
LA CONTROLLER

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Perhaps no challenge in Los Angeles today is more troublesome and more critical than the magnitude of the homeless crisis.¹ The 2019 point-in-time count estimated that the number of people experiencing homelessness grew to 56,000 in the Los Angeles Continuum of Care (CoC) of which 42,500 people were considered unsheltered at the time of the count. This represented the largest number of unsheltered people in any of the nation's major CoCs and the City of Los Angeles (City), itself, was home to most of the unsheltered cases. Overall, the City experienced a 16% rise from the prior year's count to 36,000 individuals.

The Los Angeles Homeless Services Authority (LAHSA) is a joint powers authority of the City and County of Los Angeles; and is governed by a 10-member commission that is appointed by the City Council/Mayor and County Board of Supervisors. LAHSA, today, manages an approximate annual budget of \$300 million in federal, State, County, and City funds for programs that provide shelter, permanent housing, and services to people experiencing homelessness.

A critical service LAHSA provides is street outreach (outreach). Outreach is the process by which a representative of a homeless services agency contacts people experiencing homelessness in our public spaces in order to help connect them to resources, shelters, and eventually permanent housing—sometimes with supportive services. Over the last two fiscal years, the City allocated a combined \$10 million for outreach services, while the County provided the largest amount, totaling \$44 million.²

Our Office sought to determine how well LAHSA performed City outreach, and we offer recommendations for much needed improvements to its performance and reporting. **This review focused on City funded outreach for two fiscal years as approved in a contract between the Housing and Community Investment Department and LAHSA.**

In fiscal year (FY) 2017-18, LAHSA failed to meet seven of nine citywide outreach goals, which the agency attributed to data quality issues associated with a new system. As a result, our Office also reviewed LAHSA's outreach performance in FY 2018-19—for the period when its data challenges should have been resolved—and the results did not improve.

LAHSA failed to meet the following five citywide outreach goals in fiscal year (FY) 2018-19:

1. Individuals who were placed into a shelter or bridge housing.

Goal: 20%, LAHSA reported 14%.

¹ Throughout this report, Greater Los Angeles Area or region is consistent with LAHSA's defined jurisdiction for continuum of care and refers to all cities in the County--except Pasadena, Glendale, and Long Beach.

² Fiscal years 2017-18 and 2018-19.

2. Individuals assessed who were placed in permanent housing.

Goal: 10%, LAHSA reported 4%.

3. Individuals who self-identified a substance abuse disorder and obtained treatment.

Goal: 25%, LAHSA reported 6%.

4. Individuals who self-identified a mental health need and obtained treatment.

Goal: 25%, LAHSA reported 4%.

5. Program data is complete and accurate.

Goal: 95% of data. LAHSA chose not to report on this goal.

In light of these outcomes, we also sought to determine why LAHSA reported that there were 21,000 housing placements in 2018, and whether improvements have been achieved. We found that the 21,000 placements reflect:³

- **Results for several agencies in the Greater Los Angeles area** – Including all people assisted within the Greater Los Angeles area (not just the City) by LAHSA, the U.S. Department of Veterans Affairs, the Housing Authority of Los Angeles (HACLA), and over 100 provider agencies.
- **Repeated placements for the same individuals or families in a year** - Repeated housing placements for the same person or family falling in and out of homelessness during a year are included in the figure.⁴

³ LAHSA Press Release Dated June 4, 2019 “Greater Los Angeles Homeless Count Shows 12% Rise In Homelessness”: <<https://www.lahsa.org/news?article=558-greater-los-angeles-homeless-count-shows-12-rise-in-homelessness>>

⁴ LAHSA de-duplicates individuals or families falling in and out of homelessness during the same month and will count such instances once. However, subsequent placements occurring in other months are counted again towards annual totals.

Recommendations

This report includes eight recommendations to address LAHSA's achievement gaps and provide improved homeless services to the people of Los Angeles. Key recommendations include:

Employ a Data Driven Approach to Homelessness

LAHSA indicated that its outreach outcomes in fiscal year 2017-18 may be a reflection of incomplete and inaccurate information resulting during a period of time when the agency transitioned to a new Homeless Management Information System (HMIS) and its staff and contractors had not yet been trained to properly collect and record data. Although that was part of the problem, outcomes did not improve in fiscal year 2018-19 when the data issues should have been resolved. Moreover, LAHSA also lacked a holistic performance review process for its outreach activities in order to make data-driven decisions about the deployment of resources to address the region's rising homelessness crisis.

In the early 2000s, cities across America recognized the need for real-time data by adopting performance-management frameworks. For example, "CompSTAT," short for Computer Statistics, has enabled police departments to analyze and compare statistics in a timely manner to make decisions about resource deployments.

This approach also made its way into social services, including behavioral health, economic security, and homelessness to gather more accurate and timely data while also seeking to rapidly deploy resources and provide follow up assessments.

We recommend that City and LAHSA adopt a performance-based process for outreach and homelessness services. Through a "HomeSTAT" like approach—LAHSA and any City department involved in monitoring outreach will need to use accurate data to evaluate performance, and make informed decisions to effectively respond to the City's homelessness crisis.

Reassess and Clarify the Goals of Outreach

In 2018, 80% of nearly 15,600 shelter beds estimated for a point in time in the Greater Los Angeles region were filled by someone experiencing homelessness. With the lack of shelter beds and permanent housing at this time, **LAHSA's housing first goal should be supported with short-term solutions to immediately help people experiencing homelessness, until permanent housing is made available.** LAHSA, the City, and County partners should work to identify short-

term immediate resources (restrooms, showers, storage facilities, waste services) to address needed improvements to the street living conditions for unsheltered individuals.

Unclear Metrics, Results, and Terminology

Achieving clarity starts with outreach metrics and targets, which are based on percentages of people to be served rather than absolute numbers that can be easily understood and measured.

As noted in the example metric and target:

*“LAHSA’s City contract specified that 25% of individuals **engaged** who identify with a substance abuse disorder would be **connected** to appropriate treatment options by outreach workers.”*

This metric supplies no indication about what the 25% target represents. LAHSA’s outreach in FY 2018-19 yielded the following results for the example metric:

1. LAHSA contacted 6,634 individuals experiencing homelessness.
2. 4,199 individuals contacted were engaged in the City; engaged meaning they were assessed or provided a housing plan.
3. 668 of the 4,199 individuals engaged disclosed a substance abuse disorder.
4. 39 of the 668 (6%) obtained treatment as a result of an outreach referral.

Even if LAHSA had met its 25% target, only 167 of 668 individuals would have received substance abuse treatment.

Given the enormity of our homelessness crisis and public perceptions that there are plenty of individuals that need urgent assistance for substance abuse disorders, this metric and target yielded minimal results. Emphasis should be placed on goals to provide more:

- **hygiene kits** to stem the spread of typhus and hepatitis A.
- **access to toilets and mobile showers**, like those deployed by Lava Mae or through the City’s Mobile Pit Stop Program, should be expanded throughout the City to promote better living conditions.
- **temporary shelter beds** while permanent housing is developed.

Improved metrics should:

- Use terminology that is understandable (avoiding technical terms).
- Specify a target based on the total number of people expected to receive assistance through outreach (avoiding percentage-based targets).
- Distinctly measure one activity:
For example, the agency could establish one metric for the number of assessments, another for referrals, and a separate metric for successful referrals resulting in service. Each should have its corresponding target.
- Measure substantive outcomes, such as the number of individuals that maintained housing after being touched by outreach, or individuals that achieved sobriety, etc.

These are just some examples, but **metrics should be modified to align with those established in the County and those in the City's Comprehensive Homeless Strategy, where it makes sense, to provide a consolidated view of outreach across the entire Greater Los Angeles area.** This would bring consistency to our measures and provide a common way to evaluate observed trends, so that outreach can be adapted to meet the needs of people experiencing homelessness.

LAHSA, the Housing and Community Investment Department (HCID) and the City Administrative Officer (CAO) must work with all relevant City entities and County partners to establish clear and consistent goals, specific metrics and targets, and appropriate reporting for outreach activities throughout the Greater Los Angeles area.

Engage in Proactive Versus Reactive Outreach

LAHSA estimated that approximately 67% of its time is dedicated to outreach reacting to City encampment cleanups, working side by side with the Bureau of Sanitation. In many cases, they are required to talk with people that are already working with homeless service providers.

Leading research suggests that outreach achieves its greatest impact when organizations proactively seek people experiencing homelessness according to a strategy or plan, instead of responding to service calls. Through proactive outreach, LAHSA would have more autonomy to find people that are experiencing homelessness for the first time, or visit encampments where there are people that have yet to accept services.

To address these issues, we recommend the City rethink its outreach policies and more sufficiently find a balance between a proactive and reactive outreach strategy.

Hold LAHSA Accountable for Performance

LAHSA performed outreach without much oversight, as the City's contract administrator, HCID, noted that it accepted LAHSA's recommended outreach goals/targets without scrutiny. HCID representatives noted that, at the time of this review, its role was limited to monitoring expenditure of City funds; not LAHSA's overall performance towards contracted outreach goals.

During this review, HCID made some changes by executing a new contract with LAHSA for fiscal year 2019-20 that requires LAHSA to provide more information in its reports to HCID on the total number of people that were served through outreach. The contract also requires LAHSA to submit narrative explanations for any significant deviation in targets, deemed to be 20% or more.

Our Office notes that although some improved reporting requirements have been included in the new contract, LAHSA's outreach goals and related targets are still based on percentages of individuals engaged rather than total number of people served. We believe that transparency should be provided both at the start of the contract year, and also during reporting, by providing exact targets that are measurable. Moreover, accountability will still need to be improved, as the new contract's compliance provisions are focused on deficiencies in reporting, rather than LAHSA's overall performance towards its outreach goals and targets.

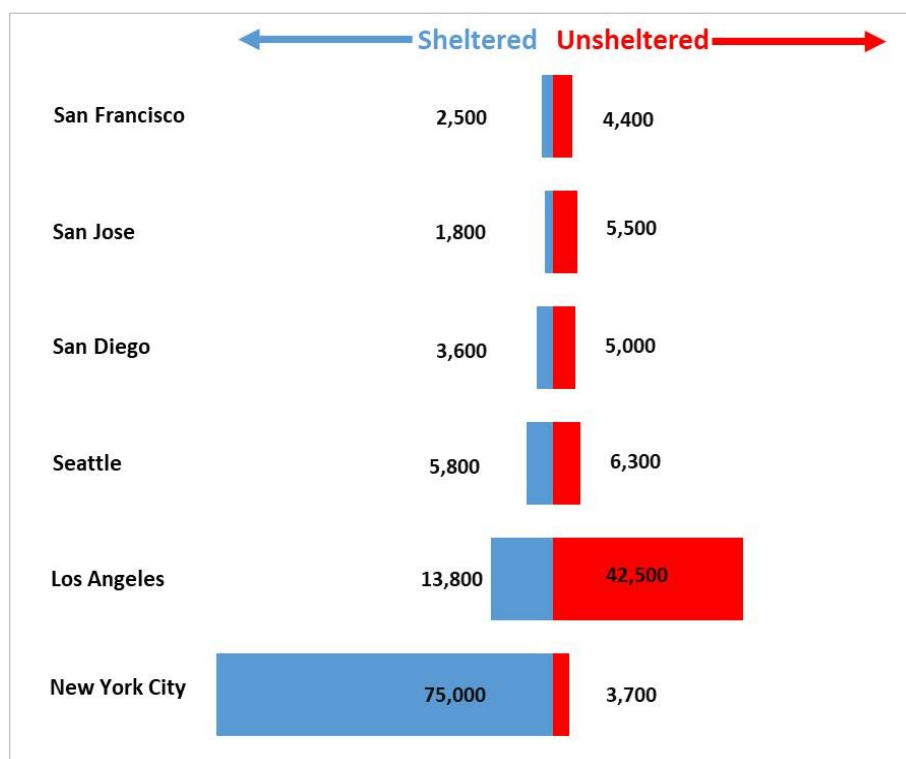
To address these issues, the Housing and Community Investment Department (HCID) and the City Administrative Officer (CAO) must monitor LAHSA's outreach performance and work with the agency to address any mid-year shortfalls, including holding LAHSA accountable for not meeting expected performance targets.

Facts about People Experiencing Homelessness

Population Estimates

The Los Angeles Homeless Services Authority (LAHSA) estimated that 56,000 people experienced homelessness in 2019 during its point-in-time (PIT) count in the Los Angeles Continuum of Care (CoC)—36,000 of which resided within the City of Los Angeles (City).^{5,6}

Figure 1: Numbers of sheltered and unsheltered people for the largest CoCs.



The Los Angeles CoC's population of people experiencing homelessness was second only to the New York City CoC, which reported roughly 79,000 people in its most recent 2018 count. Nonetheless, the New York City CoC reported lower numbers of unsheltered people, while **the Los Angeles CoC reported the highest number of unsheltered people among the largest CoCs in the United States.**

Note: This chart presents the results of the Los Angeles 2019 point-in-time count. All other CoC's are presented in 2018 figures because they had not yet released their figures at the time of this review.

⁵ The 2019 Annual Homeless Count.

⁶ The Continuum of Care (CoC) has dual a meaning in homeless service delivery: It is both a service delivery system of care and a regional or local planning body that coordinates housing and services funding for homeless families and individuals. The CoC is located in most of LA County, excluding the cities of Glendale, Pasadena and Long Beach. LAHSA coordinates and manages public funds dedicated to homeless in the Los Angeles CoC.

Unlike the Los Angeles CoC, New York City’s “right to shelter” mandate guarantees any qualifying person with temporary shelter every night.⁷ The lack of such a mandate in Los Angeles is felt in many ways, including the proliferation of encampments, public health and safety issues, and the potential death of people living on the streets of Los Angeles.

Deaths of People Experiencing Homelessness

The Los Angeles Times reported that deaths of people experiencing homelessness in Los Angeles County increased to 918 in 2018—76% from 2014—outpacing the percentage growth of the total homeless population.⁸ In New York City, the number of deaths totaled 290.⁹ While the contributing factors for these deaths varied, more people are living in the streets with serious physical and behavioral issues that could put their health and safety at risk. LAHSA reported that nearly 1 in 4 individuals acknowledged a serious mental illness and that about 1 in 7 disclosed a substance use disorder in 2019.

Majority of People Experiencing Homeless are African American or Latinos

LAHSA’s 2019 PIT count also showed that **African Americans (19,000) and Latino (20,504) people represented nearly 70% of the CoC’s population experiencing homelessness.** However, African Americans overrepresented 33% of the homeless population, yet comprised just 9% of the County’s general population (2018 US Census estimates).

Annualized Homelessness Numbers

A 2017 report by the Los Angeles County’s Chief Executive Office (CEO) projected that the annualized number of people experiencing homelessness could be as high as 122,000, which accounted for people that fall in and out of homelessness during a time period.¹⁰ In contrast, the point-in-time count factors in people that were homeless on the night of the count.

⁷ City of New York, Department of Homeless Services’ website:

<<https://www1.nyc.gov/site/dhs/shelter/shelter.page>>

⁸ Los Angeles Times: “L.A. County’s homeless population is growing — but not as fast as they’re dying”

<<https://www.latimes.com/local/california/la-me-ln-homeless-people-death-unsheltered-substance-abuse-20190422-story.html>>

⁹ <<https://www.politico.com/states/f/?id=00000168-4ec8-daaf-a9fc-def8fbd40001>>

¹⁰ The CEO’s estimate more than doubled LAHSA’s PIT figures because it used a broader definition of people experiencing homelessness than is required of LAHSA by HUD. The CEO identified unique persons in the administrative data sources of six County departments, and LAHSA.

Housing and Services for People Experiencing Homelessness

The City and County have undertaken two major efforts to fund more housing and supportive services:

- Proposition HHH (HHH) – In November 2016, City voters approved HHH to authorize the City to issue \$1.2 billion in general obligation bonds “...to provide safe, clean, affordable housing for the homeless and for those in danger of becoming homeless....” At the time, proponents suggested that 10,000 permanent supportive housing units could be constructed, along with storage facilities, shelters, and showers.
- Measure H - In March 2017, County voters approved Measure H to authorize the County to impose a quarter-cent (0.25%) special transactions and use tax for ten years, with the expectation that a projected \$355 million would be generated annually to fund supportive services for people experiencing homelessness.

A 2017 RAND Corporation study reinforced the value of these kinds of initiatives and found that public service costs for various County services, including medical and mental health, drastically declined by 60% in the first year after people experiencing homelessness received housing which included supportive services.¹¹

Housing Inventory Counts

In 2018, LAHSA reported that the Los Angeles CoC had **nearly 21,000 permanent housing units (with and without supportive services) and about 15,600 beds in emergency shelters, transitional housing facilities, and safe havens.¹²**

Permanent Housing

To date, no permanent housing facility has been fully constructed and opened for use with the funds approved by voters under the 2016 proposition known as HHH. HHH projects are still being planned, conceptualized, or in construction.

¹¹ Hunter, Sarah B., Melody Harvey, Brian Briscoe, and Matthew Cefalu, Evaluation of Housing for Health Permanent Supportive Housing Program. Santa Monica, CA: RAND Corporation, 2017.

https://www.rand.org/pubs/research_reports/RR1694.html

¹² 2019 figures were not available at the time of this review.

Based on the City's August 2019 estimates, 79 HHH-funded projects will yield 5,373 units at a total cost of \$807 million. An additional 31 non-HHH funded projects are projected to provide 2,045 units at a total cost of \$116 million.

The City estimates that 7,000 supportive housing units will be constructed over a ten-year period with HHH funds and an additional 3,000 with non-HHH funds.

Additional Funding for Homelessness and Housing

- In fiscal year 2018-19, the City appropriated \$372 million for homelessness related initiatives as part of the "Homeless Budget." Including \$92 million from the general fund and \$275 million from HHH funds for housing and service facilities construction.
- On July 9, 2019, the City announced it would receive \$124 million in state funding for homelessness services and housing. Nearly half of the funds are planned to be used for shelters and interim housing.

Resources for Mental Health and Substance Use Disorders

The County has appropriated additional money for mental health, substance abuse disorder treatment, and various other social programs to meet the needs of people experiencing homelessness. **In fiscal year 2018-19, the County appropriated \$409 million in Measure H funds and an additional \$75 million in general funds** for homelessness related programs, services, and administration, including mental health and substance abuse services.

The Los Angeles Homeless Services Agency (LAHSA)

History and Governance

The City and County of Los Angeles created LAHSA in 1993 as a Joint Powers Authority, an independent unit of local government, specifically to plan, coordinate, and manage the region's resources for homeless programs. The agency is governed by a 10-member commission that is appointed by the City Council/Mayor and County Board of Supervisors. The City and County are each authorized to select five members.

Services

As the lead agency for homelessness in Los Angeles, LAHSA manages an approximate budget of \$300 million annually in federal, State, County and City funding to provide services to people experiencing homelessness.¹³

LAHSA is charged with carrying out several HUD priorities and mandates, including, but not limited to:

- Implementing a Coordinated Entry System (CES), which is a strategic approach to managing and integrating public funds for people who are at-risk of or are experiencing homelessness.
- Administering data collection and performance measurement through its Homeless Management Information System (HMIS).
- Reporting on annual point-in-time homelessness and housing inventory counts.

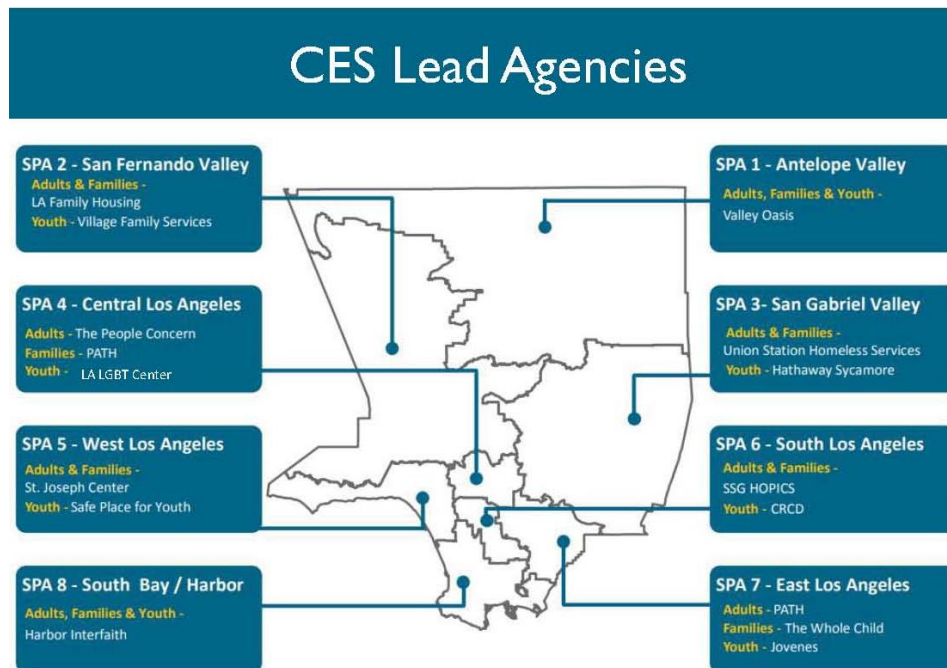
LAHSA coordinates efforts within the CES framework, which divides the Los Angeles region into eight Service Planning Areas (SPAs), with a representative lead agency specializing in:

- Single Adults – any person over the age of 18.
- Families – any household with an adult and a dependent minor under the age of 18, or a pregnant adult.
- Transition Age Youth (TAY) – an unaccompanied or emancipated minor, or individuals between the ages of 18 and 24 as defined by LAHSA. Although different housing and mental health services may define TAY as individuals between the ages of 16 – 25.

LAHSA coordinates funding into the CES through these lead agencies, which are responsible for the implementation of programs and using HMIS to track data and services.

¹³ The Continuum of Care (CoC) has dual a meaning in homeless service delivery: It is both a service delivery system of care and a regional or local planning body that coordinates housing and services funding for homeless families and individuals. The CoC is located in most of LA County, excluding the cities of Glendale, Pasadena and Long Beach. LAHSA coordinates and manages public funds dedicated to homeless in the Los Angeles CoC.

Figure 2: Coordinated Entry System Agencies



Among all of these duties, LAHSA also coordinates and performs outreach services to connect people experiencing homelessness to the appropriate organizations within each SPA.

Street Outreach (Outreach)

Outreach History

In 2016, the County Board of Supervisors approved an action plan with four dozen strategies to prevent and combat homelessness. A key component of that action plan was the “E6 strategy” for outreach. The E6 strategy directed LAHSA to work with all County agencies and community-based organizations (CBOs) to establish a coordinated countywide network for existing outreach efforts, which it did through the CES as previously discussed.

Outreach Objectives

Outreach is defined as a process by which a representative of a homeless services organization or public agency makes contact with individuals where they live, to help them navigate and leverage the resources available to them. Outreach uses a bottom-up approach based on trust to meet the needs of people where they are and how they want help. By empowering the people experiencing homelessness with choice, outreach organizations aim to have long-lasting results.

Outreach Funding

Funding for homelessness outreach initiatives is multi-sourced, derived from both the City and County, through their general funds, and the County's Measure H. Total funding for two years amounted to \$54 million, as follows:

- From the City's general fund, LAHSA's outreach totaled approximately:
 - i. \$3.5 million in fiscal year (FY) 2017-18.
 - ii. \$6.8 million in FY 2018-19.
- The County's general fund and Measure H, outreach included:
 - i. \$13 million in FY 2017-18 for LAHSA, County Department of Health Services, and several community-based organizations, and pass through funds for other CoCs.
 - ii. \$31 million in FY 2018-19 for a combination of LAHSA generalists, contractors, and multidisciplinary teams specialized in psychiatry, psychology, and medicine.

Outreach Teams

Nearly 800 outreach workers operate within the Greater Los Angeles area; 141 working as employees for LAHSA and 20 as the agency's contractors employed by community-based organizations (CBOs). The 800 outreach workers represent five groups:

1. LAHSA staff commonly known as Homeless Engagement Teams (HET), Homeless Outreach and Proactive Engagement (HOPE) teams, or as Emergency Response Teams.
2. LAHSA contractors known as Coordinated Entry System teams (CES).
3. County Department of Health Services' (DHS) contractors also known as multidisciplinary teams (MDTs).
4. County Department of Mental Health (DMH) clinical staff.
5. City, County, and Community (C3) Teams.

Community-based and faith-based organizations may also perform outreach uncoordinated with LAHSA or other public agencies. Their work will likely not be tracked or reported by LAHSA.

LAHSA's Outreach Staff

LAHSA deploys two-member teams to perform general outreach. The team members are assigned to one of eight SPAs in the CoC. In FY 2017-18, LAHSA employed a maximum of 70 outreach workers and had a staff turnover rate of 33% throughout the year.

As part of the recruitment process, LAHSA requires outreach workers to have two years of experience in social services to qualify. Once hired, LAHSA provides additional training in the following areas:

- Case management skills
- Harm reduction for service providers
- Health and safety
- Hepatitis education and prevention
- HIV: the basics and beyond and info on other sexually transmitted infections
- Cultural diversity
- Dealing with difficult people
- Mental health among the homeless
- Substance abuse education and prevention
- Tuberculosis prevention and education

LAHSA's Contracted Outreach Workers (Coordinated Entry System Teams)

In both FY 2017-18 and 18-19, LAHSA supplemented its general outreach efforts with approximately 20 fulltime contractors.¹⁴ These contractors represent community-based organizations with knowledge about the areas they serve.

Los Angeles County DHS Contracted Multidisciplinary Teams (MDTs)

County DHS contracts outreach work with organizations that specialize in substance abuse disorders, medicine, and mental health. DHS contractors, known as MDTs, work throughout the greater Los Angeles area. MDTs are typically composed of 4-to-5 people with the specialties above, and one person serving as a peer advocate because of their own experience being homeless or understanding of other people's homelessness.

Los Angeles County DMH Clinical Staff

County DMH staff engage people experiencing homelessness residing in public spaces. They offer psychiatric services and help people connect or stay connected to social services. Field-based outreach can help mitigate the risk that clients will disenroll from intensive services (known as Full-Service Partnerships), which are associated with up to a 30% reduction in client homelessness.

¹⁴ The number of contractors refers to fulltime equivalents.

The County's Homeless Initiative quarterly report dated February 2019 noted that 500 street-based clients were referred to DMH's "Homeless Full Service Partnerships" by other outreach teams.

City, County, Community Outreach Teams or (C3 Teams)

Multi-agency and multi-disciplinary outreach teams perform dedicated outreach in Skid Row and Venice. C3 Teams coordinate outreach among County DHS and DMH, LAHSA, and CBOs like the Americorps, the People Concern, or the United Way.

This approach reduces administrative hurdles by bringing all necessary resources to the field.

Principles of Outreach

No matter which publicly-funded organization makes contact with a person experiencing homelessness, they attempt to adhere to these principles:

1. A **housing-first** approach to quickly prioritize people for permanent housing
2. **Person-centered** practices that give clients the right to make choices
3. **Harm reduction** strategies to promote safety and solutions
4. **Low barriers** for people to access and use resources

Following these principles, outreach workers never force anyone to accept services, unless as allowed by California laws guiding involuntary detention for people with serious mental disorders (commonly known as "5150" for the State Welfare and Institutions Code) over people deemed to be "gravely disabled," or a risk to themselves or others.

Outreach workers favor building rapport with an individual over time to be in a position to assess the individual's condition and needs. Depending on the condition and/or willingness of the potential client to accept services, it usually takes months or years for outreach workers to be provided consent to administer an assessment.

Overall, outreach workers aim to:

- establish a trusting relationship with people experiencing homelessness.
- provide concrete goods and services, such as toiletries, clothing, or transportation.
- address clinical, social service and other supportive service needs.
- connect them to some type of housing (interim and/or permanent housing).

Objectives of the Review

We sought to assess the effectiveness of street outreach throughout the Los Angeles Continuum of Care – with an emphasis on the City’s contract with LAHSA. We assessed outreach activities reported by LAHSA and its contractors during fiscal years 2017-18 and 2018-19.

To assess the effectiveness of street outreach, we first sought to understand the outreach process. Next, we reviewed LAHSA’s performance reports for accuracy and reliability. We then compared LAHSA’s performance to the City’s contract requirements and goals. Finally, we sought to identify possible barriers to the effective provision of LAHSA’s outreach.

The report is divided into four sections that detail our observations:

- The outreach process
- Data and reporting accuracy
- Street outreach performance outcomes
- Barriers to successful outcomes

I. The Outreach Process



Whether provided by LAHSA or a contractor, the outreach process generally follows these major steps for individuals and families: (1) making contact (2) assessing risk in order to prioritize services (known as engaging individuals) (3) referring and placing an individual or family into housing.

The process is not always sequential and can deviate depending on numerous variables, including a person's willingness to engage with outreach workers or their overall score on an assessment tool. While permanently housing individuals is LAHSA's ultimate goal, the agency's outreach workers may end up transferring a client to other organizations to help that individual navigate public resources until they receive housing.

This section describes LAHSA's major outreach steps and defines key terms to provide more clarity before discussing performance in the ensuing sections.

Making contact

LAHSA outreach workers or contractors traverse all public spaces to make contact with individuals (single adults or transition-age youths) or families that are experiencing homelessness. The initial contact may have been initiated by referral through the City's 3-1-1 system, LAHSA's Homeless Outreach Portal (LA-HOP), elected offices, or planned as part of an encampment cleanup led by the Bureau of Sanitation.¹⁵

Regardless of what spurred the contact, outreach workers attempt to connect people to services but ultimately may end up having several follow-up contacts or meetings to build rapport with the people they encounter. Outreach workers may also provide immediate assistance during any contact, including water, basic hygiene items, snacks, or vouchers for food or transportation.

The exchange can result in more trust-building, and if done persistently, outreach efforts can transform into an engagement over time. It is not uncommon for people experiencing homelessness to say "no" to services at first, which the outreach worker interprets to mean **"not yet."**

¹⁵ LA-HOP is a LAHSA portal that allows the public to request homeless outreach services.

If the outreach worker can obtain enough information, the person can be entered into the Homeless Management Information System (HMIS) and assigned a unique identification number, so follow-up meetings are facilitated without duplication.

Engaging the Individual or Family through an Assessment

Once the “not yet” has turned into a “yes,” the outreach worker conducts an assessment using one of the triage tools widely accepted for adults, transition-age youth (TAY), or families. The tool is commonly known as the Coordinated Entry System (CES) survey or by its official name the “Vulnerability Index Service Prioritization, and Decision Tool” (VI-SPDAT) for adults and families and conforms to HUD requirements. A variation is also available for TAY.

The tool includes questions about a person or family’s housing history, daily functions, and wellness. At the end of the assessment, the outreach worker derives an acuity score from determining what course of action to take and what services/housing to offer the person or family. The higher the score, the more likely the person or family will be referred to as permanent supportive housing.

At this stage, the person or family is considered **“engaged,”** which means they were assessed or provided a housing case plan.

Referring and Placing the Individual or Family into Housing

Once a client has consented to accept a referral to temporary or permanent housing, the outreach worker will rely on both their formal or informal contacts to find the appropriate housing option.

As the person or family moves into new housing, the outreach worker can note the following resolutions within HMIS, such as:

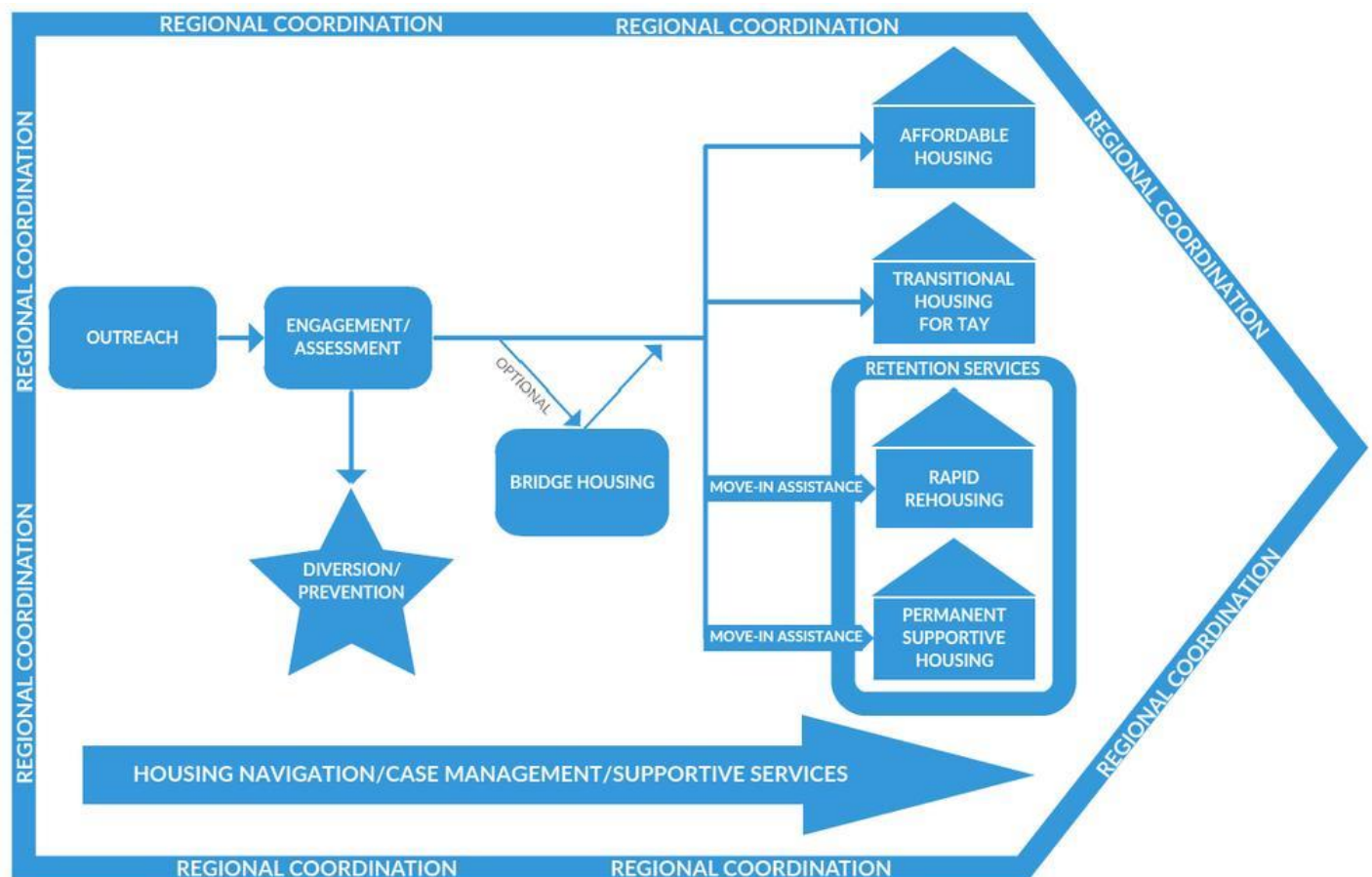
- exiting client from the engagement phase to crisis/bridge housing,
- exiting to permanent housing or rapid rehousing, or
- exiting unsuccessfully when a client cannot be found/located for additional services or placement after 90 days.

While the ultimate goal is to get clients placed into permanent housing, outreach workers also work on interim goals, as identified in the assessment; which may include placement in a rehabilitation facility or temporary “bridge” housing.

LAHSA relies on both formal and informal contacts for information about shelters, service providers, permanent housing availability, etc. Shelter space can be initially identified through a bed availability application (app), but outreach workers must contact the shelter in order to verify accuracy of the information and reserve a bed for the client.

The following chart provides an overview of the regional coordination efforts, starting with outreach.

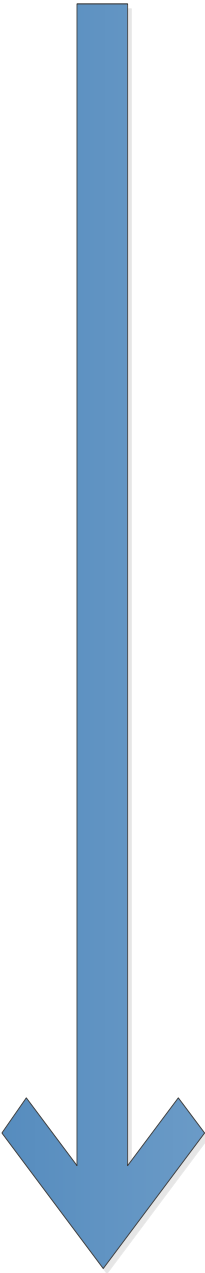
Figure 3: Regional Coordination Process



Key Outreach Activity Terminology from the Start of the Outreach Process

The following terminology is critical to understanding how an outreach worker helps a client progress from an initial contact through an eventual housing placement and exit.

Figure 4: Key Terms in the Outreach Process



Contact - Initial or follow-up interactions with participants or clients.

Engagement - The point at which an individual has consented to accept services, resulting in assessment, or the provision of housing case plan.

Referral - A confirmed appointment to a resource whether or not the participant actually went to the appointment.

Connected - A confirmed appointment to a resource (social security admin, DMV, LA County, etc.) that a participant actually attended.

Linked - A participant that is connected to one of four specific resources/services:

- 1) Housing Search and Placement
- 2) Family Solutions Center
- 3) Rapid Rehousing
- 4) Housing for Health

Placed - A participant that has actually moved into housing, including interim or permanent housing. For reporting purposes, LAHSA notes how many participants were “placed” during a reporting period, but a participant can theoretically experience homelessness again. The length of stay does not affect the reported placements.

Exited – When a participant has met the program goals, and/or will no longer be served by a program. This includes when the participant has been placed in permanent housing or other supportive services, dies, or when a

II. Metrics, Data, and Reporting



The City's contract with LAHSA requires that the agency provide quarterly reports to the Housing and Community Investment Department (HCID) on all of its contracted responsibilities, including its outreach activities and successes towards its performance targets. For LAHSA's reports to be meaningful, its metrics and expected results need to be clear. HMIS data needs to be accurate and complete, and the results need to be consistent across the entire CoC.

Unclear Metrics And Results

City outreach metrics and targets are unclear because they are based on percentages of people to be served, rather than absolute numbers that can be easily understood and measured. The terminology LAHSA uses also complicates our understanding of what LAHSA is measuring, and it unintentionally reduces the results by splitting the population into smaller groups, which yield fewer reported results.

The following provides an example of one of the metrics LAHSA uses and its related target.

*LAHSA's City contract specified that 25% of individuals **engaged** who identify with a substance abuse disorder would be **connected** to appropriate treatment options by outreach workers.*

This metric does not indicate what the 25% target represents. Additionally, the maximum number of individuals who could receive substance abuse treatment shrinks to smaller proportions because only individuals who meet the following criteria count:

1. **Engaged Individuals** – people that consented to an assessment of their needs to identify available resources or housing plan.
2. **Self-disclosed substance abuse** - Individuals that acknowledged a substance abuse disorder.
3. **Connected to service** - Individuals that obtained substance abuse treatment after a referral by outreach workers, in other words, individuals referred to services.

Due to these criteria, LAHSA's outreach in FY 2018-19 yielded the following results for the example metric:

1. 4,199 individuals experiencing homelessness were engaged in the City.
2. 668 of the 4,199 individuals disclosed a substance abuse disorder.
3. 39 of the 668 (6%) obtained treatment, as a result of an outreach referral.

Had LAHSA met its target, only 167 individuals would have received substance abuse treatment.

Overall, eight of nine City outreach metrics lacked specificity about the expected results because of the percentages of subpopulations—except one metric for the number of unique individuals to be contacted, which established a clear target of 6,500 individuals.

Notwithstanding, none of the metrics related to substantive outcomes, such as an individual's ability to sustain services, or gain and maintain housing.

To significantly improve upon established metrics, LAHSA should:

- Use terminology that is understandable (avoiding technical terms).
- Specify a target based on the total number of people expected to receive assistance through outreach (avoiding percentage-based targets).

- Distinctly measure one activity:

For example, the agency could establish one metric for the number of assessments, another for referrals, and a separate metric for successful referrals resulting in service. Each should have its corresponding target.

- Measure substantive outcomes, such as the number of individuals that maintained housing after being touched by outreach, or individuals that achieved sobriety, etc.

These are some examples, but metrics should be clear and provide quality information about outcomes.

Data Quality and Reporting Inconsistencies for City Outreach

During this review, LAHSA provided the Controller's Office with four separate reports for the same outreach activities performed during the same time frame in fiscal year 2017-18. **Each report corrected prior results and showed different outcomes that raise questions about the agency's ability to measure performance and whether it is accurately reporting results to its stakeholders.**

LAHSA's revised reports to the Controller's Office for outreach activities in fiscal year 2017-18 changed as follows:

Figure 5: City Funded Reports Provided to the Controller's Office

City Contract Goal	Report # 1	Report # 2	Report # 3	Report # 4
Individuals contacted and provided direct services	100%	100%	86%	15%
Individuals connected to mental health treatment	8%	8%	3%	0%
Individuals placed into Crisis or Bridge Housing	64%	64%	32%	19%
Individuals placed into Permanent Housing Resource	1%	1%	1%	7%

The City and County should request and review critical demographic information collected by LAHSA about the subpopulations experiencing homelessness, which could be useful when making decisions about outreach resources for chronically homeless people or individuals experiencing homelessness for the first time.

High-quality data is essential to providing an accurate picture of homelessness throughout the CoC and to be able to determine whether interventions are having a positive effect on the region's overall crisis. Quality data is important for strategic planning and direction and goal setting. Not only does this make logical sense, but HUD promotes a data quality management program for all CoC agencies that receive federal funds.¹⁶ Through such a program, LAHSA's underlying HMIS information should be complete (covering all programs and beds irrespective of funding source), accurate, timely, and consistent—as should its reports.

Useful Outreach Data about Homeless Populations

Although LAHSA tracks information about first-time and existing clients, **its outreach reports to City and County do not distinguish between these populations because neither the City or County require the information as part of ongoing outreach reporting.** Providing such information could assist stakeholders in making informed decisions about outreach goals and

¹⁶ HUD Data Quality Brief <<https://files.hudexchange.info/resources/documents/coc-data-quality-brief.pdf>>

resources for people considered chronically homeless or those that have unexpectedly become homeless.^{17,18}

These distinctions are critical because people who are chronically homeless may require more ongoing outreach as a result of disabling conditions, such as a serious mental illness, substance use disorders, etc., making it difficult for them to accept services as quickly as others.¹⁹

Repeated outreach to the same people could inadvertently inflate LAHSA's reported contacts while showing little progress in other performance areas (such as connecting people to housing, mental health services, etc.)

To add more clarity to its reporting, LAHSA should separate results for:

- **First-time outreach enrollees with no prior episode of homelessness**
- **Outreach enrollees without a homeless episode in the last three years**
- **Current outreach enrollees that are already working with outreach teams**
- **Demographics such as seniors, veterans, youth, and members of the LGBT community experiencing homelessness**

Recommendations for Metrics, Data, and Reporting:

1. LAHSA, the Housing and Community Investment Department (HCID) and the City Administrative Officer (CAO) should work with all relevant City entities and County partners to establish clear and consistent goals, specific metrics, and appropriate reporting for outreach activities throughout the Greater Los Angeles area.
2. LAHSA must significantly improve data capturing, staff training, and reporting to ensure information is complete, accurate, and reliable.

¹⁷ Chronically Homeless Status for Rapid Rehousing Participants. Los Angeles: CA: LAHSA, 2017.

<<https://www.lahsa.org/documents?id=1755-chronically-homeless-status-for-rapid-re-housing-participants.pdf>>

¹⁸ HUD's definition "...a person is chronically homeless if they have a disability and have been homeless residing in a place not meant for human habitation, a safe haven, or in an emergency shelter either continuously for at least 12 months, or on at least four separate occasions in the last three years, where the cumulative total of the four occasions totals at least 12 months.

¹⁹ National alliance to end Homelessness <<https://endhomelessness.org/homelessness-in-america/who-experiences-homelessness/chronically-homeless>>

III. Street Outreach Performance Outcomes



LAHSA's outreach produced the following outcomes in the Greater Los Angeles Continuum of Care (CoC) in fiscal year 2018-19. Of 56,000 people experiencing homelessness for a point in time in 2019, LAHSA's outreach workers and its contractors²⁰:

- Made 17,929 contacts
- 8,658 unique individuals were engaged, in other words, provided an assessment or housing plan through outreach
- 1,164 unique individuals placed into crisis shelters or bridge housing as a result of outreach
- 375 unique individuals placements into permanent housing

In the City, LAHSA did not meet seven of nine contracted outreach goals for fiscal year 2017-18, and five of eight in fiscal year 2018-19. Even the results for the goals it did meet are minor when comparing the outcomes to the City's overall homeless population.

During this review, it also became apparent that LAHSA produces separate reports and establishes different outreach goals for the City and County. The agency does not have a single set of consolidated goals for the CoC to show whether its outreach activities are effective.

The detailed observations are in the ensuing subsections.





City Outreach Contract Goals, Targets, and Results

The following figure demonstrates LAHSA's actual City outreach activities in fiscal year 2018-19. LAHSA met City contract targets in the two cases highlighted in green, but this cannot overshadow that **only 167 people moved into permanent housing. Even when comparing the largest outcome (about 6,634 individual contacts) achieved for the period of this review to the approximate 36,000 people that experienced homelessness in the City for a point in time in 2019, the outcomes are minor.**²¹

²⁰ 2019 point-in-time count.

²¹ LAHSA's 2019 point-in-time count. < <https://www.lahsa.org/documents?id=3421-2019-greater-los-angeles-homeless-count-city-of-los-angeles.pdf>>

Figure 7: Outreach for City Contracted Goals²²

 Contacts and Direct Services	 Interim and Permanent Housing	 Social Services	 Data
Goal 1: Individuals contacted Target: 6,500 individuals Result: 6,634 individuals	Goal 3: Individuals who were placed in crisis/bridge housing Target: 20% of individuals assessed or engaged during any reporting period Result: 14% or 598 individuals of 4,199	Goal 6: Individuals who were referred and obtained substance abuse services Target: 25% of individuals assessed or engaged that self-identified substance use Result: 6% or 39 individuals of 668	Goal 8: HMIS Data will be complete and accurate Target: 95% of all data Result: Not reported
Goal 2: Individuals receiving direct services from LAHSA (water, hygiene kits, transit assistance, etc.) Target: 85% of individuals contacted Result: 86% or 5,710 individuals of 6,634	Goal 4: Individuals who were engaged or connected to an agency offering housing assistance Target: 50% of individuals assessed or engaged in the year Result: 63% or 4,199 individuals of 6,634 Goal 5: Individuals who were placed into permanent housing Target: 10% of individuals assessed during any reporting period Result: 4% or 167 individuals of 4,199	Goal 7: Individuals who were referred and obtained mental health services Target: 25% of individuals assessed or engaged that self-identified mental illness Result: 4% percent or 56 of 1,434	

It is important to note that the City's contract administrator—the Housing and Community Investment Department (HCID)—accepted LAHSA's goals, targets, and performance reports without much guidance or oversight. HCID representatives noted that their role is limited to

²² The figures are the most favorable outcomes based on funding by the City and County for outreach performed exclusively within City limits. Outreach results were worse when considering just City-funded activities.

monitoring LAHSA's expenditures of City funds and accepts the outreach goals and work recommended by LAHSA.

During this review, HCID made some changes by executing a new contract with LAHSA for fiscal year 2019-20 that requires LAHSA to provide more information in its reports to HCID on the total number of people that were served through outreach. The contract also requires LAHSA to submit narrative explanations for any significant deviation in targets, deemed to be 20% or more.

Although some improved reporting requirements have been added to the new contract, LAHSA's outreach goals and related targets are still based on percentages of people to be served rather than total numbers of people. Enhanced transparency should be provided both at the start of the contract year, by providing exact targets for outreach, and also during reporting. Moreover, the contract's compliance provisions appear to be focused on reporting deficiencies, rather than LAHSA's performance towards its outreach goals and targets.

Consolidated CoC Outreach Goals Are Needed

Consolidated outreach goals for the CoC do not exist, which contributes to public ambiguity about LAHSA's outreach work and how well the agency is performing. Existing City goals and County metrics are mostly dissimilar and cannot be combined to assess LAHSA's performance without distorting the count of individuals served through outreach.

The County's E6 outreach metrics do not have associated performance targets like the City's goals noted in the prior figure. However, the County provides information on the outputs for:

- Number of individuals initiated contact
- Number of individuals newly engaged during the reporting period
- Number of individuals engaged during the reporting period (includes individuals contacted in prior periods)
- Number of individuals who received services or successfully attained referrals
- Number of individuals who placed in crisis or bridge housing
- Number of individuals who linked to a permanent housing resource
- Number of individuals placed in permanent housing

Through a special request for consolidated outreach data in the CoC, LAHSA revealed that its activities were more widespread than previously known. While the agency initially reported that its City-funded outreach workers made 4,500 contacts in fiscal year 2017-18, a subsequent

special report showed that 7,700 contacts were made in the City when the funding source was not factored into the report.

Funding should not obscure the City and County's collective efforts to perform outreach to the region's homeless population. Much more clarity about the effectiveness of outreach could be provided through consolidated CoC goals and performance targets.

As noted in the prior section, HCID has taken some steps to clarify its goals in its new contract with LAHSA for fiscal year 2019-20, and will improve reporting, but the contract still uses percentage based targets that do not provide sufficient transparency or accountability for the total numbers of people expected to be served through outreach.

Better Deployment of Outreach Resources Needed Through a Performance-Based "HomeSTAT" Approach

LAHSA lacks a rigorous performance review process for its outreach activities. Moreover, data-driven decisions about the deployment of resources are not made because the information is neither timely nor accurate.

In the early 2000s, the Los Angeles Police Department (LAPD) was one of several policing agencies that adopted a performance-management (PM) framework. "CompSTAT," short for Computer Statistics, enabled LAPD to make informed decisions about resources based on real-time data.

CompSTAT consists of these four tenets:

1. Accurate and timely data
2. Effective tactics and plans
3. Rapid deployment of resources
4. Relentless follow-up assessments

In the City, Homeless Strategy Committee (HSC) provides incredible leadership and oversees the implementation of the Comprehensive Homeless Strategy. In 2019, HSC added outreach to its oversight functions and will review quarterly reports for key outreach metrics related to the number of shelter or permanent housing placements; and any other metrics deemed necessary. Some of the metrics generally align with the goals in the City-LAHSA contract for

outreach, but the HSC quarterly reports will not go into the same details or the performance targets.

Although HSC will be providing more oversight, LAHSA will still have the responsibility to use performance data to ensure its managing its resources in a way that is efficient and effective—preferably consistent with a CompSTAT like approach. Through ongoing monitoring of real-time data, LAHSA will be better equipped to deploy its resources and connect people to shelters or service providers.

Recommendations for Street Outreach Performance Outcomes

3. The Housing and Community Investment Department (HCID) and City Administrative Officer (CAO) should:
 - a. Take an active role in monitoring LAHSA’s outreach performance by collaboratively setting goals and targets (based on absolute numbers of people to be served), and assisting the agency to address mid-year outreach shortfalls, including holding LAHSA accountable for not meeting expected performance targets.
 - b. Work with County partners to establish goals and appropriate reporting for outreach activities in the Continuum of Care (CoC).
4. The City and the Los Angeles Homeless Services Agency (LAHSA) should adopt a performance management framework for outreach. Through a “HomeSTAT” like process, LAHSA and any City department involved in monitoring outreach will need to use accurate and timely data to make informed decisions about resources and the availability of shelter beds.

IV. Barriers to Successful Outcomes



While the City's contract with LAHSA contains specific outreach goals and targets, some argue that the only true measure of success is the aspirational goal to end homelessness. Others suggest that success happens one handshake and one outreach interaction at a time. What is true, is that with the influx of funding for homelessness services, the public expects greater results from the agencies tasked with outreach or the provision of services.

The following section provides the factors that could have affected LAHSA's performance and discusses:

- Reactive Outreach
- LAHSA's lack of roots in communities where outreach is performed
- Insufficient housing and services
- Varied experiences that might prevent people from being housed

This information is based on our analysis and information conveyed to the Controller's Office by LAHSA administrators, County representatives, DHS' contracted outreach workers, researchers, and community-based organizations (CBOs), but most importantly, the people that are or have experienced homelessness.

Proactive Versus Reactive Outreach

LAHSA performs mandatory reactive outreach tied to encampment cleanups, instead of proactive outreach that is deemed by the U.S. Interagency Council on Homelessness to be an effective best practice. Reactive outreach can result in duplicative visits to sites and individuals that have already been engaging with homeless service providers. This type of outreach diverts resources away from areas and people who are not in contact with service providers or those that are the most acute and require more focused attention.

Although the City does not specifically refer to the services it requests from LAHSA as reactive, they are in nature and focus. Reactive outreach is driven by:

- encampment cleanups initiated by constituent requests or planned by the City through the Bureau of Sanitation
- referrals for services from elected offices
- requests from the Los Angeles Police Department (e.g., disturbance calls related to homeless individuals with mental illness)

Alternatively, through proactive outreach, LAHSA would have much more autonomy to strategically “hot-spot” encampments based on size, location, or multiple reported incidents. The agency could focus on people with a more expeditious path to available housing, people with high acuity health concerns, people in imminent danger, and high utilizers of emergency rooms.

Insufficient Housing and Services

LAHSA and other service providers continue to express that there is a shortage of housing options and resources. Listed are key observations about housing and services that affect people experiencing homelessness.

- **Total population experiencing homelessness exceeds the supply of shelter and permanent housing beds.**

In 2018, LAHSA’s housing inventory count (HIC) report noted that there were about 15,600 shelter beds. Comparatively, there were about 42,500 unsheltered people experiencing homelessness for a point-in-time in 2019.

About 80% of shelter beds in the CoC were occupied by a person or family experiencing homelessness during the 2018 point-in-time count as noted in the following table.

Figure 8: 2018 Shelter Bed Inventory in the CoC²³

Facility Type	Individuals Occupying Beds	Bed Count	Occupancy Rate
Emergency Shelter	8,819	11,088	80%
Transitional Housing	3,522	4,393	80%
Safe Havens	44	98	44%
Total	12,385	15,579	80%

HUD’s definition of shelter beds includes beds in emergency shelters, transitional housing, and safe havens. All three facility types are similar because they provide temporary shelter, but transitional housing and safe havens add supportive services.

As the table indicates, shelters beds are in short supply compared to the capacity needed to temporarily house the estimated 42,500 unsheltered people counted in a

²³ 2019 totals were not available at the time of this review.

point in time in 2019. Funder requirements can further restrict the supply of beds based on specific criteria.

A non-exhaustive list of funder-imposed shelter restrictions includes whether an individual is:

- An adult man
- An adult woman
- A child
- A survivor of domestic violence
- Part of a family with or without kids
- Transition age youth between the ages of 18 and 24
- Experiencing severe mental health conditions and/or substance abuse disorders

With limited shelter beds, there are insufficient destinations for outreach workers to send unsheltered people temporarily. Complicating the City's situation is the lack of permanent housing. To date, no permanent housing facility has been fully constructed and opened for use as a result of HHH funds.

- **More Hygiene Kits and Mobile Showers Needed**

As noted by several media accounts, there are significant concerns about typhus and hepatitis A outbreaks among populations experiencing homelessness.

More hygiene kits should be provided during the outreach stage to stem further contagion. Toilets and mobile showers like those provided by Lava Mae, and through the City's Mobile Pit Stop program, should be expanded citywide.

- **Some people experiencing homelessness noted that adult shelters in skid row have long lines.** While rules vary among these shelters, people are typically limited to stays of 7 to 30 days. Occupants have to exit the shelter and reapply, or even go back to the street when their time has expired.

In another example, **the management of the Covenant House and the Los Angeles LGBT Center noted that there are 60-day waiting lists for young people wanting to enter their shelters.** Youths are generally limited to stays between 30-90 days,

depending on the funding source and classification of the bed, such as whether the bed is for mental health, bridge housing, or crisis housing.

- **Limited Resources for people experiencing mental health illness or substance use disorder.** An estimated 8,785 of the City’s homeless population over the age of 18 self-identified a serious mental illness, and 4,888 identified a substance use disorder in 2019.²⁴ These statistics are not mutually exclusive as a person may have self-identified co-occurring mental illness and a substance use disorder. LAHSA’s reported figures more than likely underestimate the total number of people affected by both issues since each person must volunteer their conditions to the surveyors performing the annual point-in-time count.

People experiencing mental health and/or substance use disorders require specialized supportive services along with housing, but are not likely to find an available slot due to high utilization.

According to LAHSA, the County recently added 1,600 homeless full-service partnership slots, which will help people with severe disorders. However, more post-detox residential resources are needed to help people who have already sought help for substance abuse disorders from cycling back into the streets and potentially using again.

- **Privately funded shelter beds may not be known to some outreach workers.** LAHSA requires all of its contracted service providers to use HMIS to report shelter bed vacancies, but it has no control over privately funded, faith-based or nonprofit organizations. Private organizations can perform outreach, and provide shelter and services, much like publicly-funded organizations, but they have no incentive to coordinate efforts in the CES. Some religious organizations expressed concerns over being “forced” to perform government functions. This reluctance makes it necessary for outreach workers to rely on informal networks and knowledge to connect people experiencing homelessness with available private resources.
- **Information about City housing programs could be shared with the County.** Starting in 2018, the LA County-led the effort to make Assembly Bill 210 (AB 210) law. The law allows counties to establish homeless adult and family multidisciplinary teams to facilitate the expedited identification, assessment, and linkage of homeless individuals

²⁴ LAHSA 2019 point-in-time Homeless Count.

and families to housing and supportive services. The law also allows public agencies to share private client information to facilitate the provision of and linkage to services.

Since the enactment of the law, the County has been developing participating agency agreements that will apply information sharing standards between agencies. City departments had not yet signed on, but the City's Homeless Coordinator and County Homeless Initiative Director indicated that an opportunity exists to include the Housing and Community Investment Department (HCID) to share City housing information. More analysis is necessary to determine whether other public agencies should be invited to these ongoing information-sharing efforts.

- **Funding for Rapid Rehousing programs may be delayed and may prevent a person from being housed.** An outreach team indicated that a housing referral for a client was pending because fiscal year funding for rental assistance had been exhausted. Although the client and his spouse had combined social security income of \$2,000 a month and subsequently told they needed to wait until July of the new fiscal year, to secure down payment assistance for housing. In the meantime, the client and his spouse were at risk of losing their shelter beds before funding could be secured for Rapid Rehousing since they had already used an extension to stay longer than the time authorized by shelter management.
- **Landlords may not accept housing vouchers, opting for more traditional renters.** While vouchers, like Section 8, can meet the needs of those who cannot afford housing in Los Angeles' competitive rental market, the program only works if landlords are willing to accept the subsidies.²⁵

With rental vacancies hovering around 4%, landlords may not be incentivized to accept vouchers.²⁶ Landlords are also not mandated by California law to accept the vouchers, making it difficult for people to obtain housing even when approved.²⁷

²⁵ Center on Budget and Policy Priorities: "Prohibiting Discrimination Against Renters Using Housing Vouchers Improves Results." < <https://www.cbpp.org/research/housing/prohibiting-discrimination-against-renters-using-housing-vouchers-improves-results> >

²⁶ The Housing and Community Investment Department and the American Community Survey for 2017.

²⁷ LAHSA: Report and Recommendations of the Ad Hoc Committee on Black People Experiencing Homelessness. <<https://www.lahsa.org/documents?id=2823-report-and-recommendations-of-the-ad-hoc-committee-on-black-people-experiencing-homelessness.pdf>>

A recent City Council motion (Council File: #18-0462) cites discrimination, low vacancy rates, and the high cost of housing as a reason why only 53% of Section 8 voucher holders are successful in finding housing.²⁸

Varied Experiences that Might Prevent People from Being Housed

Outreach is typically only the first step to connect an individual that is experiencing homelessness with available resources, but this process is not simple. It is driven by intrinsic human conditions and factors; unique stories and situations that make it difficult for an outreach worker to find a quick “fix.”

An Executive of the Covenant House, a Los Angeles-based nonprofit offering housing and services to youths, noted that:

“...all [individuals] have experienced some type of trauma, and most have experienced a failure of society and/or the system...”

Under such circumstances, patience is a virtue. Repeated contacts build trust through occasional “hellos,” hugs, and the exchange of necessities, such as food and/or water. Once an individual warms to an outreach worker and provides personal information, the outreach worker can assess and engage the client for qualifying services and/or housing. In Long Beach, it takes an average of about 17 contacts before someone accepts services.²⁹

Through this bottom-up approach, outreach workers listen and respond to each person’s unique circumstances with the hope that the most resistant will eventually accept services or housing. The following provides an account of the various testimonials from our interviews and research explaining why people may not receive housing.

General Experiences and Challenges

- **Strict Qualifications and Criminal Pasts** - Certain federally-funded public housing programs impose restrictions to people convicted of arson, methamphetamine production, or a sex offense; and disqualification for prior public housing evictions for

²⁸ Council File: 18-0462.

²⁹ Press Telegram, May 14, 2019. < <https://www.presstelegram.com/2019/05/14/outreach-workers-are-crucial-to-connecting-homeless-to-services-cal-state-long-beach-study-finds/>>

drug-related reasons, current illegal drug use, and alcohol abuse that interferes with the public housing community. (HUD and Contracted County MDT)

- **Living Off the Grid** - Some people prefer a different lifestyle, particularly those living in vehicles, (USC Homelessness Symposium, Panelist), especially those who may be experiencing paranoia, or those who feel compelled to live “off the grid” (Individual from Vice article).
- **Choice Matters** - Unless a person is a threat to themselves or others, no one can force them into a facility or housing, even if they face severe mental illness or substance use disorders. (Contracted County MDT)
- **Lost Hope** – Those classified as chronically homeless have usually lost hope for housing and may not put in the effort to make appointments or follow necessary steps to receive housing. (Contracted County MDT)
- **Person Disappears or is Unavailable** - One outreach team had difficulty locating a person for whom they had secured housing, as he was at “his job,” recycling cans and scrap metals. (Contracted County MDT)

Experiences with Shelters

- **Inadequate oversight of Shelters**- People experiencing homelessness have expressed concerns about the safety and quality of certain housing options, especially emergency or crisis shelters.
 - Women have concerns about shelters, including fear of rape and violence. (USC Homelessness Symposium, Panelist)
 - People have concerns about theft, favoritism, cleanliness, privacy, or demeaning treatment from shelter staff. (USC Homelessness Symposium, Panelist)
 - Inadequate oversight of shelters; only LAHSA-funded shelters have an established grievance process, but even that requires initiating the grievance with the shelter. (USC Homelessness Symposium, Panelist, and LAHSA website)
- **Rules and Restrictions** - Some people may not want to abide by the rules of the shelters. While most shelters have low barriers, there are still some concerns about having to

check in to the shelter by a certain time or abiding by drug and alcohol restrictions. (Covenant House, LA Mission, Emmanuel Baptist Rescue Mission)

- **Families and Partners** - Some people do not want to separate from their partner or family members and may only have one option based on gender restrictions and assessment scores.
- **Pets** – Although LAHSA funded shelters are required to take pets, some people experiencing homelessness noted that they have fears of being separated from their pets with whom they have formed an emotional attachment or have for safety reasons.

Permanent Housing Barriers – With or Without Supportive “Wrap Around” Services

- **Housing Location** – Some people may have concerns about housing locations and want to stay close to their community, or conversely being categorized, so housing is only offered in locations with similar racial/ethnic backgrounds. African American and Latino people make up the majority of people experiencing homelessness, but not enough housing options are available for Los Angeles’ diverse population. (USC Homelessness Symposium, Panelist)
- **Limited Rental History** - Those experiencing homelessness do not always meet landlords’ expectations for permanent housing – they may have poor or limited rental history, no personal identification documents, income deficiencies, or other characteristics making them less desirable applicants.
- **Landlord Biases** - Landlords may have biases and subtly discriminate based on age, race, gender, religion, national origin, disability, income status, LGBTQ, or other unlawful reasons.
- **Incorrect Assessments** - Housing programs incorrectly identified for the person experiencing homelessness. There is a stigma with certain answers that may influence a person to minimize one’s condition. Incorrect assessments result in lower acuity scores, which may prevent them from being considered for permanent supportive housing. (County MDT)

Recommendations for Barriers to Successful Outcomes:

5. The Mayor, City Council, County Board of Supervisors, and Los Angeles Homeless Services Agency (LAHSA) should consider using all available resources to promote public health and safety until the completion of more permanent housing.
6. City policymakers should support LAHSA's efforts to:
 - a. Establish a proactive outreach strategy and report back to City about the effectiveness for consideration of expanding the program citywide.

LAHSA should:

- b. Enhance transparency of its outreach by incorporating real-time, geo-based mapping of its activities in LA-HOP.
7. The Housing and Community Investment Department (HCID) should publicly post LAHSA's outreach reports on its website for outreach in the City and CoC every quarter.
8. In accordance with City's legislative position on AB 210, it would be beneficial for the City Administrative Officer (CAO) to identify City departments that should sign onto the County of Los Angeles' efforts to implement information-sharing protocols and the systems that would need to be accessed and shared.



C3 Outreach Teams	City, County, Community outreach teams serve individuals living in Skid Row 5 days per week, offering to help people regain health and housing stability. They coordinate outreach among County DHS and DMH, LAHSA, and organizations like the Americorps, the People Concern, or the United Way.
Chronically Homeless	A person experiencing a disability that resides in a place that is not meant for human habitation or residing in a safe haven, or in an emergency shelter either continuously for at least 12 months, or on at least four separate occasions in the last three years, where the cumulative total of the four occasions totals at least 12 months. ³⁰
Connected	A referral to a resource (social security admin, DMV, LA County, etc.) that has been attained by the participant.
Contact	Initial or follow up interactions with participants or clients. The date of the first contact initiates the enrollment of the participant into the outreach program within the LAHSA database (HMIS).
Continuum of Care (CoC)	The Continuum of Care (CoC) has dual a meaning in homeless service delivery: It is both a service delivery system of care and a regional or local planning body that coordinates housing and services funding for homeless families and individuals. The CoC is located in most of LA County, excluding the cities of Glendale, Pasadena and Long Beach. LAHSA coordinates and manages public funds dedicated to the homeless in the Los Angeles CoC.
Coordinated Entry System (CES)	The Los Angeles County Coordinated Entry System (LA County CES) facilitates the strategic coordination and management of resources between all service providers and public agencies.
Direct Services	Goods or services (water, hygiene kits, etc.) provided to a participant by the outreach worker.
E6 Strategy	Refers to the Countywide Outreach System in the County of Los Angeles Homeless Initiative, which contains four dozen strategies to combat homelessness.
Engaged or engagement	The point at which an individual has consented to accept services and/or has agreed to the creation of a case plan. In HMIS, the individual is

³⁰ Combines HUD's definition for a "chronically homeless person" and "homeless". U. S. Department of Housing and Urban Development's Office of Community Planning and Development. Defining Chronic Homelessness: A Technical Guide for HUD Programs, September 2007.



	considered engaged until they are “exited” to another program, including permanent housing.
	<i>Engaged during the reporting period</i> - During a quarterly or annual reporting period, the number of participants that were assessed or provided a housing case plan.
	<i>Actively engaged</i> - All participants that have been engaged since the beginning of the City/County E6 strategy (around 2016) and are still in the phase of engagement.
Enrollment	The point in which a client provides written consent to be signed up or enrolled in a program. Enrollment into the HMIS system occurs after initial contact and either preceding or concurrently with engagement.
Exited	When a participant has met the program goals, and/or will no longer receive services by the program. Including when the participant has been placed in permanent housing or other supportive services, dies, or when a participant has had no contact with the program in 90 days. The outreach worker will likely “exit” the client from the program, but retain their record in LAHSA databases.
Homeless Engagement Team (HET)	LAHSA staff that provide direct outreach to individuals experiencing homelessness. HET are assigned to specific areas within Los Angeles County and build personal relationships with their clients.
Homeless Outreach and Proactive Engagement (HOPE) Program	Led by LAPD, with assistance from Sanitation and LAHSA outreach workers, HOPE aims to connect homeless residents to resources while maintaining healthy and safe streets and sidewalks.
Homeless Management Information System (HMIS)	LAHSA’s information technology system used to collect data on clients and the provision of housing and services to homeless individuals and families and persons at risk of homelessness. All-City and County funded organizations use HMIS and available for other organizations in the CoC to track homeless services.
Los Angeles County Department of Mental Health (DMH)	The largest county mental health department in the country, directly operates more than 80 programs and contracts with more than 700 providers, including non-governmental agencies and individual practitioners who provide a spectrum of mental health services to people of all ages to support hope, wellness and recovery
Los Angeles County Department of Health Services (DHS)	DHS provides healthcare to low-income residents, youth in the juvenile justice system, to inmates in County jails and to children in foster care. Through collaborations with community and university partners, DHS provides a system of 19 health care centers and four hospitals.



	DHS' also manages the Housing for Health division, which creates permanent supportive housing opportunities for homeless patients in the agency's system of care.
Los Angeles Homeless Outreach Portal (LA-HOP)	An online portal managed by LAHSA that allows the public to submit requests for outreach services to encampments.
Linked	A participant connected to four specific resources/services <ul style="list-style-type: none"> • Housing Search and Placement • Family Solutions Center • Rapid Rehousing • Housing for Health
Outreach	The first point of contact for people who are not served by traditional site-based services to engage people experiencing homelessness into services and housing. ³¹
Placed	A participant that has moved into housing, length of time does not factor into being considered "placed." A person can fall back into homelessness at any point and later considered and placed if they are re-housed.
Point-in-time Homeless and Housing Inventory Counts	Annual counts mandated by the US Department of Housing and Urban Development of the number of individuals experiencing homelessness and the number shelter beds in a CoC.
Referred	A confirmed appointment to a resource whether or not the participant attained it.
Served and Attained Service	Of participants that were engaged, the number that was referred and received a resource/service (received an ID, food stamps, etc.)
Transition Age Youth (TAY)	LAHSA defines TAY as individuals between the ages of 18 – 24. Although different housing and mental health services may define TAY as individuals between the ages of 16 – 25.
Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT)	The VI-SPDAT (Families), VI-SPDAT (Individuals), and Next Step Tool (Youth) are pre-screening, or triage tools that are designed to quickly assess the needs of homeless families/individuals/youth and match them with the most appropriate support and housing interventions that are available.

³¹Jeffrey Olivet, Jeffrey, Ellen Bassuk, Emily Elstad, Rachael Kenney and Lauren Jassil. "Outreach and Engagement in Homeless Services: A Review of the Literature" The Open Health Services and Policy Journal, 2010, 3, 53-70.

Summary of Recommendations



#	Recommendation	Responsible Entity
Section II: Metrics, Data, and Reporting		
1	LAHSA, the Housing and Community Investment Department (HCID) and the City Administrative Officer (CAO) should work with all relevant City entities and County partners to establish clear and consistent goals, specific metrics, and appropriate reporting for outreach activities throughout the Greater Los Angeles area.	LAHSA, HCID, CAO
2	LAHSA must significantly improve data capturing, staff training, and reporting to ensure information is complete, accurate, and reliable.	LAHSA
Section III: Street Outreach Performance		
3	<p>The Housing and Community Investment Department (HCID) and City Administrative Officer (CAO) should:</p> <ul style="list-style-type: none"> a. Take an active role in monitoring LAHSA's outreach performance by collaboratively setting goals and targets (based on absolute numbers of people to be served), and assisting the agency to address mid-year outreach shortfalls, including holding LAHSA accountable for not meeting expected performance targets. b. Work with County partners to establish goals and appropriate reporting for outreach activities in the Continuum of Care (CoC). 	HCID, CAO

Summary of Recommendations



#	Recommendation	Responsible Entity
4	The City and the Los Angeles Homeless Services Agency (LAHSA) should adopt a performance management framework for outreach. Through a “HomeSTAT” like process, LAHSA and any City department involved in monitoring outreach will need to use accurate and timely data to make informed decisions about resources and the availability of shelter beds.	CAO, HCID, LAHSA
Section IV: Barriers to Successful Outcomes		
5	The Mayor, City Council, County Board of Supervisors, and Los Angeles Homeless Services Agency (LAHSA) should consider using all available resources to promote public health and safety until the completion of more permanent housing.	Mayor, City Council, County Board of Supervisors, and LAHSA
6	<p>City policymakers should support LAHSA’s efforts to:</p> <ul style="list-style-type: none"> a. Establish a proactive outreach strategy and report back to City about the effectiveness for consideration of expanding the program citywide. <p>LAHSA should:</p> <ul style="list-style-type: none"> b. Enhance transparency of its outreach by incorporating real-time, geo-based mapping of its activities in LA-HOP. 	<p>City Council and Mayor</p> <p>LAHSA</p>
7	The Housing and Community Investment Department (HCID) should publicly post LAHSA’s outreach reports on its website for outreach in the City and CoC every quarter.	HCID

Summary of Recommendations



#	Recommendation	Responsible Entity
8	In accordance with City's legislative position on AB 210, it would be beneficial for the City Administrative Officer (CAO) to identify City departments that should sign onto the County of Los Angeles' efforts to implement information-sharing protocols and the systems that would need to be accessed and shared.	CAO, HCID

Summary of Sources



We want to thank the organizations and sources that provided the City Controller's Office with invaluable information to make this report possible.

1. City of Los Angeles – City Administrative Officer Homeless Coordinator
2. City of Los Angeles – Homeless Help Desk
3. City of Los Angeles – Unified Homeless Response Center
4. The Covenant House
5. County of Los Angeles – Director of the Homeless Initiative
6. County of Los Angeles – Department of Mental Health
7. County of Los Angeles – Department of Health Services
8. Los Angeles Homeless Services Agency
9. Los Angeles LGBT Center
10. Los Angeles Times
11. National Alliance to End Homelessness
12. The People Concern
13. U.S. Department of Housing and Urban Development
14. U.S. Interagency Council on Homelessness
15. USC Annenberg School of Journalism
16. USC Sol Price School of Public Policy